# Safeguarding Medical Report

<table>
<thead>
<tr>
<th>Title of Guideline (must include the word “Guideline” (not protocol, policy, procedure etc))</th>
<th>Guideline for Formulating a Summary and Opinion for Child Protection Medical Reports</th>
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</thead>
</table>
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| Directorate & Speciality | Directorate: Family Health – Children  
Speciality: Safeguarding |
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| Guideline Number | (Allocated by Guideline Lead) |
| Explicit definition of patient group to which it applies (e.g. inclusion and exclusion criteria, diagnosis) | This guideline applies to all children and young people where a Child Protection Medical Report is required. |

## Abstract

Best practice on formulating a summary and opinion for a child protection report which is meaningful to health, social care and the legal system.

## Key Words


## Statement of the evidence base of the guideline – has the guideline been peer reviewed by colleagues?

1a meta analysis of randomised controlled trials

2a at least one well-designed controlled study without randomisation

2b at least one other type of well-designed quasi-experimental study

3 well –designed non-experimental descriptive studies (ie comparative / correlation and case studies)

4 expert committee reports or opinions and / or clinical experiences of respected authorities

5 recommended best practise based on the clinical experience of the guideline developer

X

## Consultation Process

Staff at Nottingham Children’s Hospital via the Guidelines E-mail process.

## Target audience

Staff at the Nottingham Children’s Hospital

This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date.
## Document Control

### Document Amendment Record

<table>
<thead>
<tr>
<th>Version</th>
<th>Issue Date</th>
<th>Author</th>
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<tbody>
<tr>
<td>V1</td>
<td>Aug 2016</td>
<td>Dr Karen Aucott</td>
</tr>
<tr>
<td>V2</td>
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### General Notes: New Guideline

### Summary of changes for new version:

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**Statement of Compliance with Child Health Guidelines SOP**

This guideline has followed Child Health Guideline SOP. It has been circulated to all Paediatric Senior staff and comments incorporated before uploading to the Trust Guideline site.

Martin Hewitt  
Clinical Guideline Lead  
19 October 2016
This guidance is specifically for the summary and analysis/opinion section of a child protection report. It is important however that the whole report summarises the history findings (from each individual person including the voice of the child, where appropriate), the details of the examination findings and any investigations undertaken.

**Summary**

In a few lines, summarise the injuries seen. If mechanisms were offered, state by whom and ensure that they are properly recorded. Outline whether the mechanism offered is consistent with the injury seen and pull out the important positive and negative findings (e.g. Clear pattern, reverse imprinting, site is unusual (with reference to the evidence), nothing seen on bony prominences etc.)

e.g. Billy has been referred by Children's social care to be seen by myself in clinic today after his school teacher noted bruising to his left cheek. Billy reported that he had been slapped by his uncle the previous evening. He has a large round bruise to the left cheek with 4 smaller bruises above this; the injuries seen are consistent with a slap mark with the smaller proximal (higher) bruises being consistent with fingertip bruising. The only other injuries noted were some bruises to the right shin which would be consistent with normal childhood play.

**Analysis and Opinion**

A considered analysis should be made of all the information available and this should be used to give an opinion as to the likelihood of abuse (i.e. accidental vs non-accidental injury, neglect), the presence or absence of additional concerns and the level of concern regarding risk and ongoing harm.

Consideration of safeguarding risk to other children in the home, or the risk to children from the alleged perpetrator in the wider community, should be given.

When abuse is considered, it is important to show that alternative diagnoses have been considered. It can be helpful to use the funnel approach when considering analysis and opinion. In order to do this, consider the following questions:

- Can any diagnoses be ruled out, why?
- Of the remaining diagnoses, which is most likely and why?
- Is the most likely diagnosis more likely than not?

The range of diagnoses in this case is accidental injury, non-accidental injury and an underlying clotting disorder. I am excluding clotting disorders as the child has had a tonsillectomy without any postoperative bleeding problems and has not presented with bruising/bleeding before. There is no family history of bleeding problems. The children's platelet count and coagulation studies are within normal limits.

On the balance of probabilities, I would consider non-accidental injury to be more likely then accidental injury for the following reasons:
- There are multiple bruises in different locations
- The bruises seen to the cheeks, outer ear, upper back and inner thigh are patterns that are recognised to be seen more commonly in non-accidental injury. (Reference evidence from systematic reviews such as Core Info to support your statements)
- There is an inconsistent history as to how the bruises occurred with changes in both the mechanism and timing
- There are associated features of neglect (head lice, dirty clothes and poor attendance at school)
- Comment on the developmental status of the child in relation to bruising/injury where appropriate

Other useful phrases include:

It is my opinion that whilst these injuries can be seen in accidental injuries, in this case the following give me concern about the possibility of non-accidental injury due to ..., the additional risk factors of ... etc

It may not always be possible to give a conclusive answer as to whether the probability lies more one way than the other; you may wish to talk this through with the Consultant on call for that day or the named doctor.

It can also be useful to use evidence to support your analysis (e.g. patterns of bruising from Core Info) but you should not go beyond your realm of expertise.

It can be helpful for the non-medical professionals who have to read and interpret the reports to state what may seem obvious to us. For example:

- There are many children with younger siblings, all of whom play with plastic toys at home. If this were a common mechanism for bruises such as those seen on child X, I would expect to see far more children presenting with these patterns of injury. (Consider referencing to Core Info)
- Whilst I am not an expert in forces, the force needed to cause these injuries would have been outside of the realms of normal childhood play, and this would have been obvious to adults who witnessed the event.
- This injury would have caused significant pain and distress, which a reasonable caregiver would have been alerted to.

**Formulate and review**
The report should finish with an impact statement, which reflects your level of concern regarding the child safety and well-being and any important positive (protective) and negative factors contributing to the child’s safety. A recommendation should be given as to any further follow up. Recommendations should be restricted to your area of responsibility; these might include medical management plans, further investigations or assessments that may aid your being able to give a more accurate opinion.

e.g. I have significant concerns regarding Bobby’s safety, which I have shared with XXX Children’s Social Care. Bobby presents with multiple significant bruises suggestive of non-accidental injury and associated neglect/poor growth. In addition to this, there is a family background of ongoing domestic abuse and parental substance misuse increasing the risk to his physical and emotional well-being further. (Trilogy of Risk)

*It has been reported to me by x that Bobby’s maternal grandmother was a protective factor in his life; unfortunately, she is currently an inpatient and is likely to need medical assistance herself on discharge.*
In his current situation, I believe there is a significant and ongoing risk of harm to Bobby.

He will be followed up in the paediatric clinic in 6-8 weeks' time regarding his growth.

This medical report and opinion is provided for ongoing investigations and management by xxxx Children’s social care as per Safeguarding procedures.

Final comment

The above medical opinion has been given in the context of the information known at the time as reflected in the report. It is important to consider the above medical opinion in the context of information known by other agencies. My report can be used to inform the ICPC; however if new information comes to light as part of the multiagency assessment that may impact on the medical opinion significantly, please inform me so that I can either send an addendum to the report. I would like to be invited to the ICPC so that I can attend to clarify the medical opinion. (If the medical opinion is clear and does not need any clarification, you may just ask for them to let you know the outcome of the ICPC).

NUH holds a regular child protection peer review to support consultant and trainee paediatricians involved in child protection processes. This case may be discussed as part of that process, however an update to this report will only be provided if the author feels the discussions significantly changes the opinion given.

Additional Reading